



PTO/SB/21 (04-07)

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TRANSMITTAL FORM

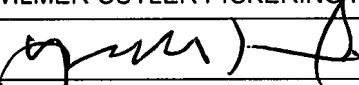
(to be used for all correspondence after initial filing)

		Application Number	10/727,306-Conf. #5202
		Filing Date	December 3, 2003
		First Named Inventor	Douglas B. WILSON
		Art Unit	3682
		Examiner Name	V. Luong
Total Number of Pages in This Submission		Attorney Docket Number	0114089.00121US1

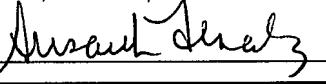
ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): - Form PTO SB-08 - Return Receipt Post Card
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Wayne M. Kennard		
Date	9-26-2007	Reg. No.	30,271

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 9/26/07 Signature:  (Susannah Fernandez)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **180.00**

Complete if Known

Application Number	10/727,306-Conf. #5202
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Attorney Docket No.	0114089.00121US1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) **Fee (\$)** **Small Entity Fee (\$)**
 Each independent claim over 3 (including Reissues) **Fee (\$)** **Small Entity Fee (\$)**
 Multiple dependent claims **Fee (\$)** **Small Entity Fee (\$)**

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
 - = x =

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 - = x =

Fee (\$) **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

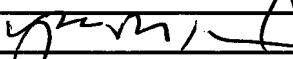
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

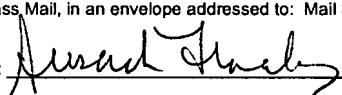
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement **Fee Paid (\$)** **180.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	30,271	Telephone	(617) 526-6000
Name (Print/Type)	Wayne M. Kennard	Date	9-20-2007		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 9-20-07Signature:  (Susannah Fernandez)



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Dated: 9-20-07 Signature: *Susannah Fernandez*
(Susannah Fernandez)

Docket No.: 0114089.00121US1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Douglas B. WILSON Confirmation No.: 5202
Application No.: 10/727,306 Art Unit: 3682
Filed: December 3, 2003 Examiner: V. Luong
Title: FATIGUE RELIEVING SUPPORT FOR STEERING WHEELS AND
THE LIKE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT (IDS)

Dear Sir:

This Information Disclosure Statement is being filed during the pendency of the outcome of the Appeal Brief.

Please charge the \$180.00 fee to our Deposit Account No. 08-0219.

Applicants request that the Examiner initial and return a copy of the enclosed Form PTO SB-08 with the next communication.

Respectfully submitted,

Dated: 9-20-2007

Wayne M. Kennard
Wayne M. Kennard
Registration No.: 30,271
Attorney for Applicant(s)

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